


PTO/SB/17 Modified 1/05 - Henry Brendzel

FEE TRANSMITTAL		Complete if Known		
		Application Number	09/868,199	
		Filing Date	9/22/2000	
		First Named Inventor	Naofal Al-Dhahir	
		Examiner Name	Cicely Q. Ware	
		Group/Art Unit	2834	
TOTAL AMOUNT OF PAYMENT	(\$)	0	Attorney Docket ID	Al-Dhahir 2

<b>METHOD OF PAYMENT:</b>		<input checked="checked" type="checkbox"/> <input type="checkbox"/> Payment enclosed:	Check	Deposit Account	Other:
The Commissioner is hereby authorized to charge indicated fees and other underpayments, and credit overpayments to:					
Deposit Account Number		Deposit Account Name			
<b>ENTITY STATUS:</b>		Small Entity Status is hereby requested			

FEE CALCULATION							
1. FILING FEE	Fee Description						Fee Paid
2. CLAIMS	Claims remaining	Highest Paid	Extra	Rate	Amount	Fee Paid	
Total No. of Claims	18	20	0	50			
Independent Claims	2	3	0	200			
Multiply Dependent Claims							
	SUBTOTAL (2) (\$)					0	

FEE CALCULATION (cont.)		
	Fee Description	Fee Paid
SUBTOTAL (2) (\$)		

<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Typed or Printed Name		Henry T. Brendzel		Reg. Number 26,844	
Signature				Date	3/24/05
				Deposit Account User ID	